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[NO. 8.

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND
MEDICAL SOCIETY.—NO. I.*

BY THOMAS H. WEBB, M.D., PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

At a meeting of the FISKE FUND TRUSTEES, held at *Providence, R. I.*, on the sixth of June, A. D. 1836, it was decided that the Dissertation bearing the motto, "*Non ignara mali miseris succurrere disco*," and which, on breaking the seal of the accompanying letter, was found to be written by Thomas H. Webb, M.D., of Providence, was entitled to the premium of *forty dollars* offered for the best dissertation on the question, "What are the causes and nature of Rheumatism, and the best mode of treatment to be employed therein?" In awarding the premium to this dissertation, neither the Trustees nor the Rhode Island Medical Society hold themselves responsible for the doctrines herein inculcated, treatment recommended, or opinions advanced.

Signed,

CHARLES E. ELDRIDGE,
SAMUEL WEST,
WILLIAM G. SHAW.

"*What are the causes and nature of RHEUMATISM, and the best mode of treatment to be employed therein?*"

From the manner in which the question at the head of this dissertation is worded, we presume it was not the design or wish of the trustees that the competitors should enter very largely, if at all, into the *theoretical* views of the host of writers that have for ages past presented the profession with their hypothetical notions concerning this opprobrium medicorum.

We likewise presume they did not expect that a minute examination of the virtues and sanative properties of every article and compound,

* The author of the following dissertation feels it a duty he owes to himself to make a brief statement relative to it. For reasons unnecessary here to mention, he early decided not to compete for the premium which has been awarded him; and consequently he took no measures for procuring a stock of information for the express purpose of using on such an occasion. He did not revoke this decision until seventy-two hours previous to the expiration of the time limited for the reception of dissertations; and was then much occupied by unprofessional concerns, as well as engrossed in attending the business of a fellow physician confined by sickness. With the exception of the case quoted, which he already had on hand, all his materials were hastily collected, and as hastily huddled together. He says *huddled*, because he is well aware that little method or arrangement is to be met with among them. As a literary or scientific production, he is sensible that this will rank for below mediocrity; and furthermore it is a production of which he feels not proud. It is the *matter* and not the *style* to which he would direct attention; the *essence* and not the *form*; the *spirit* and not the *frail tenement* which incloses it. He asks a candid examination and fair trial of the plan which he advocates, and is willing to abide by the issue.

Providence, June 30th, 1836.

which has at divers times been recommended to the faculty, would be critically made, and their comparative merits and efficacy pointed out ; inasmuch as this would pre-suppose an extent of practical knowledge, facilities for observation, and opportunities for instituting comparisons, with which no one individual, situated as we are in this State, has ever been favored.

We furthermore conclude that by the question, what is the *best* treatment, is meant, not what, in all cases and under all circumstances, is the best treatment ; what is *uniformly* so ; but what is the *most generally* so ; upon what treatment can we usually rely with the greatest safety and certainty of success. For of all the vast variety of medicines, which, from time immemorial, even down to the present day, has been brought forward, we have no doubt that each has proved and will prove advantageous, in particular cases and under certain circumstances. But these cases and circumstances are, unfortunately, exceptions to the general range, and, consequently, when we base our daily practice upon the success with which our efforts have been crowned, in pursuing a certain plan in a *few* given cases, these efforts are too often baulked by a continued round of disappointment.

A wish is expressed that the dissertation may be as *practical* as possible ; from which we infer, that instead of a long and learned and minute compilation, and a fearful display of high authorities, and copious extracts from divers sources, the result of the writer's own experience and observation is desired ; and that it is wished that whatever remedies he recommends, may, in so far as possible, have their power tested by his own practice, and that of those who have been guided by corresponding views with his own ; in other words, that he may draw as little on books, and rely as much upon himself, and the *viva voce* of others, as possible.

These remarks are premised in consequence of the course we have marked out for ourselves in this essay ; for although we have circumscribed ourselves within very narrow limits, the labor required is much greater, notwithstanding the credit deserved will be, in the eyes of ordinary readers, less, than if we had taken a wider range.

Rheumatism.—Morbus ab externa, et plerunque evidente causa ; pyrexia, dolor circa articulos, muscularum tractum sequens, genua et reliquos majores, potius quam pedum vel manuum articulos, infestans, calor externo auctus.—CULLEN, Cl. 1, O. 2, G. 22.

Arthrosia Acuta.—Pain, inflammation and fulness usually about the larger joints and surrounding muscles ; often wandering ; urine depositing a lateritious sediment ; fever a cauma.—GOOD, Cl. 3, Ord. 2, Gen. 12, Spec. 1.

Arthrosia Chronica.—Pain, weakness and rigidity of the larger joints and surrounding muscles ; increased by motion ; relieved by warmth ; limbs spontaneously or easily growing cold ; fever and swelling slight, often imperceptible.—GOOD, Cl. 3, Ord. 2, Gen. 12, Spec. 2.

The above definitions embrace the symptoms which, as we understand, constitute the disease under consideration. According to Martinet, there is “ Pain, more or less acute, producing a gnawing sensation,

increased by the action of the affected muscles ; accompanied, particularly in acute cases, with swelling and slight redness of the integuments ; generally brought on by cold and moisture. It is liable to sudden metastasis to the muscles of a different region or to the joints ; when it is severe and very painful, it causes fever and various constitutional symptoms. The muscles most generally attacked, are those on the back of neck, the parietes of the thorax, and the lumbar region. When the joints are affected there is an acute lancinating pain in them, increased by motion or the slightest pressure, and accompanied by a greater or less degree of swelling, and sometimes of inflammation of the skin, with perceptible fluctuation. It most commonly attacks the large joints, as the knee, the wrist, the elbow. When the disease comes on gradually, or when it becomes chronic, no swelling is observed ; the pains are felt only at irregular intervals ; sometimes, however, though rarely, they are continued, but in almost every instance they are increased by changes in the atmosphere or by cold. This affection is generally very tedious, lasting for many weeks, and in some instances for years, and after it has ceased is very liable to return."—*L. Martinet's Manual of Pathology.*

As regards its *nature*, it is very generally, if not indeed universally, acknowledged to be inflammatory ; as to its *seat*, that it is located in the muscular, and the fibrous or synovial tissues.

"It is," says Dr. Page, "an affection of the tendinous structure, occupying principally the fasciæ, the ligaments, and bursæ, the tendons and their aponeurotic expansions, and penetrating the muscles by those thecæ which involve and bind together the fasciculi of fibres of which these are composed." To the opinion of Carmichael Smith, that the muscular fibres are the seat of disease, of Dr. Motherby that the cellular substance is, and of others that the coats of the arteries themselves are, it is objected by Dr. Page, that "when inflammation is neglected in one or the other of these systems, it manifests a disposition to run on to suppuration ; while this is very rarely the case in rheumatism, and the sudden translations of the disease show a wide difference between it and common phlegmon."

But L. Martinet, whose opportunities for pathological investigations at the Hotel Dieu were very great, gives the muscular tissue as one location, and observes of the anatomical character of the disease when thus seated, "If the inflammation has been very intense, pus is sometimes found infiltrated into the part affected, or even collected so as to form an abscess. The substance of the muscle is softened, of a reddish brown color, easily torn, and contains a bloody serum." Farther, he observes, "The articulations are filled with purulent matter of various consistence, or with a bloody serum ; the synovial membrane is often found injected, swollen, and in some cases altogether destroyed ; the articular cartilages have partly disappeared," and finally, "pus is sometimes found effused round the joint, or into the sheaths of the tendons." From which it appears that here, as well as in other cases of inflammation, should it but extend to a certain degree, suppuration is the consequence.

That the inflammation in this disease varies from ordinary inflammation, we think cannot be doubted; but this very variation is probably the reason why suppuration does not more generally occur; yet the occurrence of it in aggravated cases shows that the true character, however much it is kept in abeyance, will at times manifest itself.

On the other hand this same modification which constitutes the difference between it and ordinary inflammation is a sufficient reason, we consider, why a treatment that is deemed inappropriate or injurious in the latter, may prove suitable and highly salutary in the former.

As to the *cause* of rheumatism, it is for the most part to be attributed to an undue exposure to cold and moisture, in whatever way, or under whatever circumstances this may take place; as by being in a damp situation, by sitting in a current of air whilst overheated, or in a state of perspiration, &c.; though where there exists a peculiar tendency to rheumatic action, from hereditary predisposition, or other cause, it may be called into operation by any other excitant of inflammatory fever; a sprain, a bruise, or fall, will often rouse up, or have as a sequence, some rheumatic affection.

The two grand divisions of this disease have been into *acute* and *chronic*; though Dr. Sherman (in the London Medical Repository and Review), in speaking of the distinction between rheumatism and inflammation, condemns this division. He considers the *chronic* form as the *actual disease*; and the *acute* as a *mere variety* occurring in vigorous habits, and so modified as to affect the whole system. But in both cases, the disease is farther divided, and has had specific names bestowed, according to the particular portion of the system where it develops itself: hence we speak of lumbago; sciatica; arthritis, or articular rheumatism; myositis, or muscular rheumatism; torticollis, or rheumatism of the neck; pleurodynia, or rheumatism of the parietes of the chest, or intercostal muscles.

The general character of the disease continues the same, under all of these modifications, and consequently one general therapeutic plan should form the basis of our treatment; those particular medicines being used as adjuvants which experience has taught us are most suitable to meet the diverse exigencies of cases, as they may arise. It is the *general* plan of treatment that we shall chiefly dwell upon.

TREATMENT.—This disease has been treated by venesection, cinchona, colchicum, arsenic, mercury, antimony, senega, sulphur, ammonia, camphor, turpentine, stramonium, digitalis, cathartics, sudorifics, anti-spasmodics, &c. &c., internally administered; and by endermic medication, by electricity, acupuncture, moxibustion, vapor baths, fumigations, washes, liniments, evaporating lotions, epispastics, sinapisms, leeching, cupping, &c. &c., externally applied.

We thus at once launch forth upon an ocean of remedies; and correct must be his chart, skilful the helmsman, who is enabled safely to steer his course amidst the various shoals and quicksands that present, and to shun the eddying whirlpools that he may unwarily approach. We shall not dare to attempt the discussion of the virtues of the almost innumerable articles which have been prescribed for this indomitable adversary; for a

simple description would outvie the bulkiest treatise on the *materia medica*, ever issued from the groaning press. Much less shall we enter into a detail of the many *nostra* and patent medicines that have been, and still are, trumpeted round as sure and never-failing specifics.

It is in such diseases we see well exemplified the ardent love of mystery, and the strong attachment to novelty, that beset mankind; their easy submission to quackery and imposition; their great, their almost uncontrollable propensity and ready willingness to confide in the unlimited assertions and unqualified protestations of every unprincipled, disreputable, and brazen-faced impostor that presents himself, notwithstanding the repeated fleecings to which they have been subjected by the modern vampyres of the same "kith and kin" that preceded him; and more than all, their firm and resolute refusal to profit by dear-bought experience, which, in all other concerns of life, teaches so useful and so long-remembered a lesson.

We shall speak briefly of a few of the most prominent and powerful of the remedial agents just specified.

The first in rank is *venesection*, which has been alternately lauded as the most salutary, and condemned as the most unsafe and injurious means to which resort can be had in rheumatism. Rush, Pringle, and a host of others, were advocates for it, both in acute and chronic cases; whilst Fordyce and other physicians were opposed to it. In all cases of metastasis there can be but one opinion with regard to the importance of bleeding, where the vigor of the constitution will admit of it; and this, whether the metastasis be to the brain, the heart, the diaphragm, or other vitally important part.

As a *general rule*, however, profuse or oft-repeated venesection is *not approved* of at the present day; "as the course of the disease is seldom shortened by it, even in strong constitutions, while in weak habits, or where there is a tendency to any disease of internal organs, we not unfrequently find some metastatic action set up, sooner or later, which is of much more serious consequence than the original malady."

A mode of treatment directly adverse to the above, has also been as ardently espoused and as strenuously condemned; we mean, by the use of *cinchona*. Drs. Morton, Haygarth, Fordyce and Fothergill, spoke in the highest terms of its employment, whether the cases were acute or chronic. Indeed Dr. Fordyce states, that for *fifteen years* he had relinquished venesection for bark, and that he had met with few cases of metastasis; although when he depended upon copious bleeding, they were frequent. Dr. Haygarth says that the bark failed him in but four out of one hundred and twenty cases, which embraced those of *every modification*, both acute and chronic; from which he inferred that "bark does not cure an ague so certain and so quickly, as it does the *acute rheumatism*."

On the other hand, Dr. Cullen and many others discountenanced its employment. "I hold it," says Dr. Cullen, "to be *manifestly hurtful*; especially in the beginning and in the truly inflammatory state" of acute rheumatism. Dr. Parry says, in one case of a remittent character, *cinchona* succeeded perfectly, but in others it was thought to be

useful only because by its exhibition the use of more dangerous remedies was prevented. "As far as my observation extends," says Bedingfield (of the Bristol Infirmary, Eng.), "bark has generally been injurious."

Few, we conclude, would now resort to this article, excepting during the period of convalescence, or where great prostration or extreme debility is present, or threatening to supervene, or where the disease assumes an intermittent or remittent type.

Perhaps no remedy has met with more favor of late years, than *colchicum*, in this country, as well as abroad. We have seen it used with very decided advantage in the Massachusetts Hospital and elsewhere; on the other hand we have often been disappointed with it; one probable cause of which, we will hereafter note. The cases in which this is particularly applicable, according to W. Gordon, of Edinburgh, are, where the pain is *always* increased by motion or cold, but *invariably* relieved by the application of warmth. He prescribes it in the dose of one or two drachms of the tincture, three or four times per day, which usually acts upon the bowels and often produces relief. There seems to be some diversity of opinion whether the vinous or acetous tincture, the bulb, or the seeds, be preferable for use.

The Messrs. Haden, who devoted much attention to the subject, employed the dried bulbs in connection with a neutral salt, as sulphate of potash; e. g. in acute cases, Mr. Haden, sen. gave from two to eight grains of colchicum, with one scruple of sulphate of potash, in rose water, every four or six hours, according to circumstances; in chronic cases, a daily morning dose of five grains of colchicum, with a scruple of sulphate of potash, in a draught of warm water, to be repeated if necessary for weeks, with any purgative adjunct required. Mr. Haden, jr.'s rules are nearly the same; his formula is—R. colchici pulv. 1 part; potass. carb. 3 part; potass. sulph. 5 part. M. Pro dos. 3j. ter vel quatuor in die. cum lb.ss. aq. tepid; in effervescent. cum ac. tartaric vel citric. After purging, the colchicum may be given alone, if this mixture is likely to be ill borne. Children's doses, from two to sixteen grains.

Dr. Hawkins thinks that "Some advantage has resulted from the distinction of fibrous from synovial rheumatism; as colchicum has been found to be almost a specific in the cure of the latter, though it frequently disappoints us in the former."

It diminishes action without producing any inanition of physical power, and consequently is well adapted to those cases where depletion seems requisite, and yet from the delicacy of the constitution we demur respecting the propriety of employing the lancet. We generally have used the powdered seeds, giving as a medium dose gr. 2 1-2, guarded with the third or fourth of a grain of opium.

The *arsenical solution*, liq. potass. arsenit. has been considerably employed, especially in cases of a remittent or intermittent form; and has been highly extolled by Mr. Bedingfield, as one of "the most powerful remedies for the removal of chronic rheumatism."

POISONOUS PARTRIDGES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It occasionally happens that persons are made sick by eating partridges.* The cause of this I have never heard satisfactorily explained. Perhaps some of your readers may be enabled to enlighten us on the subject, and with this view I take the liberty of calling their attention to it.

Cases of illness produced in this way most usually occur in February and March, though they have been met with in the early part of January. They are said to be most frequent in those seasons in which the ground is well covered with snow, which is supposed to deprive the partridge of its accustomed food and compel it to feed on the buds and berries of some noxious plants.

Some are of opinion that the birds can partake of this food without injury to themselves, whilst it imparts so poisonous a quality to their flesh as to produce severe illness in those who eat of it. Others believe that these buds and berries sometimes poison and kill the partridges; that unprincipled individuals offer these birds for sale, and it is only the flesh of those that have been in this way destroyed, that is capable of producing deleterious effects.

It is desirable to know if any of these opinions be correct. It would also be important to ascertain if it be the food of the partridge that renders its flesh poisonous, what this food is, and what principle it contains that is capable of exerting so powerful an influence on the human system.

A severe case of sickness, produced in this way, which came under my care the last week, has naturally called my attention to the subject. I hope that some of your intelligent correspondents in the country will be able to throw some light on this point, and they may be sure that any information they may give will be interesting both to the physician and the naturalist.

Yours respectfully,

GEO. HAYWARD.

Boston, March 21st, 1837.

MEDICAL BOTANY.—NO. I.

BY SAMUEL A. TOOTHAKER, M.D., CAMBRIDGE.

[Communicated for the Boston Medical and Surgical Journal.]

THE term "Medical Botany" has come to be used for so many purposes of late, that it conveys but a vague idea of *something*, understood only by reading the article to which it serves as an introduction, or by an acquaintance with him who ventures to use an expression which has been so often appropriated to fraudulent purposes as to become unmeaning, if not disgusting. It has been claimed, exclusively, by those who boast of "*Indian skill*," and, ignorant even of botanical names, pretend

* It is perhaps hardly necessary to observe that the partridge of New England is at the South called pheasant; it is the *Tetrao Umbellus* of Linnaeus.

to cure *all diseases* by administering a few herbs in decoction, affirming that "Balsam of Liverwort" will surely heal the liver, Lungwort, the lungs, and Boneset will cure the bones.

But "Medical Botany," says the Thomsonian, "is a term which belongs only to me." He uses cayenne pepper, lobelia, hemlock bark, gum myrrh, and a few other articles, not amounting to one fourth part the number of botanical remedies in the *materia medica* of the regular practitioner, yet "Medical Botany" is his favorite term. He thinks it more *popular* than "Steam Doctor," or "Stimulator," in these temperance days.

Two or three years since, notice was given in the churches in Lowell, that a public lecture on medical botany would be given on a succeeding evening in the town hall. The hall was filled; but the language of the lecturer was so disgusting, as he hurled anathemas at the medical science, that nearly the whole audience soon retired—not, however, till the speaker had identified himself with the steam doctors.

Recently, "Botanical Physician" has been generally applied to those who use cayenne, lobelia and steam; while others must seek some other name, as *Vegetable* or *Root Doctor*.

I need not say, that neither of the two classes of "*doctors*," of which I have spoken, has, generally, any correct knowledge of the science of Botany. Consequently, they must be liable often to mistake one plant for another of the same vulgar name. This, too, is a sufficient reason why country practitioners should give particular attention to the botanical characteristics of the plants they use in medicine, and recommend to others, and by which they are surrounded. I tell no new thing, when I say that many of the indigenous plants with which our country abounds, are among the most valuable remedies in our *materia medica*. And, doubtless, very many of their therapeutical properties are yet unknown, alike to the regular physician and the deluded and boasting empiric.

To the scientific physician belongs the labor, and on him devolves the duty, of investigating their properties, giving their botanical descriptions, and influencing the apothecary to supply his shop with those which are most valuable. This labor, if performed at all, will not be done with any degree of accuracy by the illiterate pretender. Much has been done recently, by medical men, towards giving to this subject, at least, "a local habitation and a name;" but the field is only opened before us for investigation, and a few isolated points determined. If I can succeed in calling the attention of any, better qualified than myself, to the subject, by imperfectly sketching the botanical characteristics and medical properties of a few medicinal plants, I shall be fully compensated for any labor I may bestow upon it.

March, 1837.

NOTE.—Dr. Toothaker has no competitor, at this particular time, and his communications, which are to be of a practical character, judging from this introduction, will doubtless be well received by our readers. Punctuality being the life of business, the numbers are expected to succeed each other with regularity and order.—ED.

THE INFLUENZA IN LONDON.

MENTION has already been made in the Journal of the extensive prevalence of this disease in various parts of Europe. Its nature and treatment were discussed at several meetings of the London Medical Society in January, at one of which Dr. Clutterbuck presented a paper containing his views of the epidemic.

After speaking of the great interest attaching to the subject, the author remarked that epidemics of this kind had been known for about three hundred years, and that there had probably been many before, not recorded, though it was likely that their history would be of little benefit as affording precedents for the treatment of the present general catarrh, since all epidemics were more or less modified by circumstances. In the present epidemic the great outline of symptoms was strikingly similar in the generality of cases, though variations existed in particular instances. It generally commenced with a chill, followed by rigors, then heat and dryness of the skin, sneezing, lachrymation, and pains in the head, back, and limbs, with a frequent and small pulse, white tongue, and watchfulness. It bore in many particulars a strong likeness to the measles, and the author had occasionally expected to see the eruption of that disease in cases which occurred in children, but of course he did not detect it. In some patients there was sore throat; in more severe ones, vomiting and delirium; and in one case he had seen actual phrenitis. The symptoms, however, were, generally, slight and trivial, like those of common catarrh, generally lasting ten or twelve days. If the bed was kept for a couple of days a perspiration broke out, and the case went on well. The nature of the disease, he should say, was specific, arising from a specific cause—using the word *specific* to distinguish it from common disease—taking on all the characters of ordinary catarrh, with the addition of cerebral disease. We were ignorant of the cause of the disease, but it was evidently, directly or indirectly, connected with atmospheric changes; but whether resulting from a physical change in the atmosphere itself, or from the air becoming the vehicle of some noxious matter, was a mystery. All means of prevention were, therefore, unavailable. In the *treatment*, its specific nature must not be forgotten. It *would* run its course. The object, therefore, was simply to palliate, not to aim at a cure. In the majority of cases little or no medical treatment was required, but where the fever ran high, or the pain in the head was intense, or respiration was difficult, or pain in the chest was severe, with harassing cough, a high degree of arterial excitement was denoted, requiring antiphlogistic treatment, and bloodletting, as the most effectual means, was to be resorted to. This should be employed as early as possible. Eight or ten ounces taken away during the excitement considerably mitigated all the symptoms; the pulse became slower, the skin moist, and, if the lungs were affected, that sub-acute inflammatory state which engendered phthisis was prevented. If, at a later period of the attack, inflammatory symptoms again appeared, bleeding was again to be employed, though not to the same extent as at first. Regarding the strength and age of the patient, the author did not

consider that either infancy or old age opposed decided objections to bleeding, where the symptoms appeared to require it; but in those two conditions it was necessary to resort to the depletion early. He did not place much reliance on the other means which had been recommended, such as tartar emetic, mercury, or camphor. Indeed, he had seen a case in which the disease attacked a person affected with ptyalism, without mitigation of the severity of the epidemic. Blistering, after venesection, was occasionally useful. Opium must be used with the greatest caution. In old catarrh little good could be done. True, stimulants might be employed, but to stimulate was not to strengthen. The blood, in all cases, presented the usual inflammatory characters.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 29, 1837.

"THREE EXPERIMENTS OF LIVING."

THIS is not a medical book, nor would we have now noticed it, but that the principal character is one of our craft and thereby comes under our supervision. Nor even on this ground alone would we speak of it here; but it has so many excellencies, and is so popular and read so extensively, that we fear its virtues will give wide currency to its vices, and, as far as its influence goes, encourage the notion that success is the great and only thing to be thought of by the young physician, no matter how pitiful the means nor how improbable the circumstances by which it is obtained.

Dr. Fulton is poor, yet marries at the outset of his attempt at practice. Here he was with a family, but without any means of support. The ordinary and natural course, in the commencement of our professional life in the city, is to get, now and then, a poor patient, while the calls to those who pay, are few and far between; and if the young physician get enough to pay his own personal expenses the first year or two, and that with the most rigid economy, he does well. But our doctor cannot wait; he has already doubled his expenses, and the author gives him good business enough to meet them punctually every quarter. Dr. Fulton, not content with the usual and honorable ways of gaining friends, puts up a sign over the door—PRACTISES FOR THE POOR GRATIS. These means not answering his ends, our delicate doctor adds another—FURNISHES MEDICINES TO THOSE WHO CANNOT AFFORD TO PAY FOR THEM.

This is true neither in fact nor by supposition—for no respectable physician ever has done or would do this to obtain practice in Boston. Ours is a modest profession—no member of it may profess peculiar virtue or generosity—we are not to blazon our own promises of good, nor our skill—we are all willing to advise the poor without fee—and none would put forth a sign to this effect, any more than that he does not steal nor give poison.

What other acts Dr. Fulton used to gain business, is not revealed in

the book—but from these specimens, we presume he had no very nice notions of professional courtesy and honor.

There is indeed a strong temptation to resort to improper acts to get business; the usual term of pupilage is insufficient even to lay open the vast extent of knowledge necessary for medical practice—our new graduates cannot possibly have done more than to acquaint themselves with the general principles of disease. It is an absurdity to suppose that any one can have peculiar knowledge above his fellows. Neither skill in diagnosis nor in the application of medicine can have been acquired. The young physician is and must be a novice in the art until, by patient diligence, he gradually gains both knowledge, and the confidence of the people that naturally grows out of it. Thus his professional reputation is built on a good foundation, and will bring forth rich fruits of employment and payment.

There is danger of attempting to make ourselves popular at the expense of truth, by pretending affection which we have not for people; but we cannot indeed fall at once violently in love with all our new neighbors, nor at once become very familiar with men and women with whom we have no sympathy. We can or ought to be courteous and polite to all within our reach; but to make a show of affectionate anxiety for all we meet, and particularly for the subject of a cough—to pretend great fear for one sick of a fever, though not under our care—to inquire of the friends or family, with apparent interest, for one sick under another's charge—to visit a woman enceinte assiduously, in whose family we are not the physician or are not bespoken—to speak much of our practice—to tell of our cases and visits, or our theory of disease, among our friends or in public—to ride more than we are called—to give the impression that we are oppressed with business or care, or are especially faithful in our attendance upon our patients, and that their welfare lays heavily on our souls—to believe ourselves, or let our friends believe, that the perhaps accidental coincidence of our attendance with the convalescence of our patients, is certain proof of our skill—to let our friends visit the patients of others, and assure them that we have been exceedingly successful in treating *exactly such cases as theirs*;—these arts are too mean, too shallow to be practised by any respectable member of our profession. We know they are sometimes used by the cunning and the simple with success; and these are apt to suppose that the end justifies the means; but this flush of business is no proof of their merit.

We are well aware that the early life of a physician is full of painful trials, and hope of prosperity deferred almost makes the heart sick; but as all go through this ordeal, to earn the highest patronage, none need despair of obtaining ultimately his due support. And it is well for us and for our employers. We have at first but a general knowledge of disease—we have seen but few patients—we can apply our skill advantageously to only the simplest and commonest cases; but we can study them faithfully—we have time to examine them in all their bearings, and store our minds with facts and principles of diagnosis and therapeutics, which will serve us when we shall be more busied abroad and have less time at home. Our business thus grows gradually upon us, and our learning may keep pace with it, that by the time we have become sufficiently educated our patients will have become sufficiently numerous. Added to these mental gratifications, we must have faithfulness, kind-

ness of manner, and a sincerity without which no reputation is worth the having.

We are sorry to find fault with this book, otherwise so good ; but we ought not to let it have so wide a circulation as it now has, without, in the name of all that is respectable in our profession, uttering this disclaimer of the moral principles of Dr. Fulton.

MASSACHUSETTS GENERAL HOSPITAL.

THE following interesting case was operated upon at the hospital on the 9th inst.

The patient was formerly a shoemaker, but at present is a trader. He came to Boston in the spring of 1836 to consult Dr. Warren for a hard tumor on the cartilages of the left ribs. His case was this. Two years before, while holding a shoe, on which he was at work, against the breast, the shoe slipped, under the pressure, and struck him on the cartilage of the sixth rib. The following day he perceived a slight swelling on the spot. This gradually increased, and was about three inches in length when he was first examined. An operation was advised, to which he assented ; but having some business to transact he returned home, and did not appear again till about the commencement of the present month, when he entered the hospital for the purpose of submitting himself to an operation. The size of the tumor during this period had greatly increased. Beginning at the upper edge of the cartilage of the fifth rib, it extended to the lower edge of that of the eighth, being about five inches in length from above downwards, and four in a transverse direction, from the median line to the left. In color the skin was not changed, excepting that it exhibited numerous enlarged veins. In consistence it had the firmness of a periosteal tumor—that is, something less than a bony hardness. A degree of sensibility existed on the edge of the cartilage of the fifth rib, and at some other points. It was slightly moveable in a lateral direction, but not in the vertical, and its movement did not appear to affect the ribs. There was a sensible pulsation in it without vibration. The patient wished to know whether an operation for his relief could be safely performed.

The first question was, what is the nature of this tumor ? To the eye it had the appearance of osteo-sarcoma ; to the touch it wanted the osseous plates of that disease. Was it a disease of the perichondrium ? Might it not be a projection caused by internal aneurism ? Did it lie on the outside of the ribs, or might it not extend inwards as well as outwards ? There was an obvious dip of the tumor below the edges of the cartilages into the epigastrium.

Dr. Warren seemed to think that it was either a scirrrous or perichondrial disease—lying under the *externus oblique* and *rectus* muscles, and over the cartilages of the ribs, whence it descended into the epigastric region and came in contact with the external face of the *internal oblique*. As, however, it might extend through the thickness of the cartilages, it would be necessary to consider the possibility of taking out these cartilages. It appeared to be practicable, after cutting through the *externus oblique* and *rectus* muscles, to destroy the attachment of the *internal oblique* and *transversalis* to the cartilages, and even to separate the *diaphragm* to the extent of an inch in the direction uowards, and then, with-

out opening the peritoneum, pericardium or pleura, to cut through and remove the cartilages if diseased.

A meeting being held of the consulting surgeons of the hospital, it was decided that it was proper to perform the operation, and proceed in it as far as the patient's safety would permit. The operation was performed on the 9th of March in the following manner. The patient being placed on a table, an incision seven inches in length was made from the fourth rib downwards, and the anterior face of the tumor exposed by dissecting away the integuments with the externus oblique and rectus muscles, so far as these were not incorporated in the tumor. Its face being exposed, presented a bluish color, and was of a scirrhouss hardness. Every stroke of the knife was followed by a copious flow of blood. When the circumference of the tumor was uncovered, its edges were found to be quite undefined, and concealed by the muscles above mentioned. These being cut through, an ill-defined edge was discovered, and the dissection was continued along the ribs, from which it was perceived that the tumor could be detached, although strongly adherent. When the dissection was carried as far as the edge of the ribs, the tumor was found to turn down over the cartilages into the epigastric region, to involve the internal oblique and transversalis muscles, and to adhere to the peritoneum for the space of about an inch. From this it was dissected up, and the whole tumor removed in a mass. The latter part of the operation was much obscured by the quantity of blood which was given out by the arteries on all sides. Four large arteries and some smaller ones required ligatures. The patient suffered much when the tumor was raised, from its drawing the peritoneum outwards. This part of the operation, however, was short, and as soon as it was terminated he ceased to suffer severely. The wound was closed, leaving an outlet for the sanguineous oozing.

On examination of the tumor, it presented a cartilaginous hardness. Its surface on all sides was composed of the muscles between which it lay. Its substance consisted of a brownish texture, in which a multitude of granulations, the sixteenth of an inch in size, presented. At one point there was a softening, as if suppuration was about to commence. At another a discolored spot was seen. The internal or epigastric part was equally hard with the rest of the tumor. The surface of the cartilages was deeply depressed where the tumor had lain.

The patient, since the operation, has had a smart fever, and some appearances of peritoneal inflammation, which was relieved by two or three bleedings. From this he is now convalescent.

Oxygenated Soap.—For some time we have had it in mind to make mention of this excellent article, manufactured by Mr. Eliphilet Davis, of Cambridgeport. Something of this kind has been wanted in hospitals, as a sort of preparatory, before wounds, ulcers and abraded granulating surfaces receive their appropriate dressings. Its strictly detergent properties render it a decidedly useful wash in all this class of external maladies. Mr. Davis has gone to work like a chemist in the composition of the oxygenated soap, with reference to its introduction into infirmaries; and we can with pleasure speak decidedly in its favor, as meeting with the approbation of surgeons in this region of country.

Internal Exploration of the Abdomen.—A case is detailed in the London *Lancet*, by Dr. R. C. King, of an abdominal tumor, for the removal of which an operation was deemed necessary. On account of the position of the patient, the tumor could not be detected after the necessary incisions had been made in the parietes of the abdomen. The fingers were passed in a perpendicular and upward direction. The kidney of the right side was handled, and was found capable of being raised from its position nearly two inches. The cavity of the abdomen was closed after being exposed, in this unsuccessful exploration, about twenty minutes. The patient complained of but little pain; there was a sense of sickness when the cavity was exposed, and frequent retching; the pulse quick, but regular. After the operation, the tumor gradually increased, though the patient declared herself better than before.—Other cases are mentioned by the same gentleman, in which tumors were successfully removed by opening the great cavities of the body.

Extraordinary Delivery.—Malignant soft tumors, whether of the uterus or ovarium, when they present themselves in the vagina at an advanced period of utero-gestation, give to the less experienced medical attendant the idea of a *placenta prævia*, and many have acted under this erroneous impression. One of the most extraordinary cases I ever was summoned to, proved to be of this description; the operator passed his hand through the soft tumor in the vagina, and, missing the uterus, entered the abdominal cavity, seized and ruptured the gall-bladder, and actually delivered numerous biliary calculi *per vaginam*.—*Mr. Crosse's Address.*

Operations for Cataract.—At a meeting of the Academy of Sciences, in Paris, in December last, M. Roux stated, that, within the last thirty years, he had operated for cataract 4,500 times; not, of course, on this number of patients, as in many instances the affection was present in both eyes. At the commencement of his practice, M. Roux had no prejudice in favor of either of the two methods commonly employed; he viewed depression with as much favor as extraction, and submitted both to thorough trial during a period of ten years; he then examined the results of all the operations, amounting in number to about 600. This comparison led him to form a conclusion decidedly favorable to extraction, and he has, since then, adopted this as his ordinary practice, reserving the other mode for the few cases which appear peculiarly adapted for its application; the proportion of which, according to M. Roux, does not exceed 1 in 20.—*Eclect. Journal of Med.*

Hospital Money.—Among the successful amendments to the harbor bill, at the late session of Congress, was one appropriating \$150,000 to cover the expense of suspending the seamen's hospital tax.

Anatomical Discoveries in 1836.—The anatomical discoveries of the year are thus summed up by Mr. Crosse. Drs. Breschet and Rousset, trusting to microscopical observations, have minutely described the anatomical appearances of the skin, and satisfactorily demonstrated the sudorific exhalent ducts; the inhalents they have not been able to follow to a termination on the outer surface of the skin, and wish, therefore, that

their account of them should be received *salvo errore*. Professor Müller has discovered some remarkable appendices connected with the minute arteries of the *corpus spongiosum* and *corpus cavernosa*, which promise to throw light upon the structure of the blood-vessels in all the erectile tissues.

Medical Miscellany.—Dr. John Augustine Smith, of the New York College of Physicians and Surgeons, has been giving popular lectures before the Lyceum of Natural History, in that city, on the *physiology of the nervous system, the functions of the senses*, and some of the relations which exist between mind and matter, in which were considered the errors of the materialists.—A bill has been reported in the Legislature of Maine, entitled an “*Act to encourage the study of anatomy and surgery*,” substantially like the anatomy law, so called, in Massachusetts—that is, unclaimed paupers and criminals to be given up for anatomical purposes.—A new weekly Journal, under the title of British Annals of Medicine, Pharmacy, Vital Statistics and General Science, has appeared in London.—Mr. Lewis, an eminent practitioner, treats hydrocele by puncturing with a fine needle, until a drop of fluid oozes out on withdrawing the instrument: in three days the disease disappears. Dr. Davis explores the chest in the same manner, and cures the dropsy of that region.—The medical witness act, whereby medical men in England get a round fee for examining dead bodies before juries of inquest, is making an angry discussion in the periodicals of that country.—Mr. Julius Jeffreys, late surgeon of the East India Company’s Service, has invented an apparatus which he calls *The Respirator*, which is designed to supply atmospheric air to the wearer, of a certain temperature, under all circumstances of change, designed to supersede the necessity of going into a tropical climate—as one can easily be manufactured at home. It is a complicated construction, we suspect not worth a farthing.—Sir Everard Home, Dr. Denman, Mr. and Dr. James Johnson, were each, in early life, naval surgeons.—Toxicological chests are on sale in the old countries, containing a complete assortment of tests and apparatus for detecting poisons. Apothecaries ought to be furnished with them.—Dr. Epps is delivering lectures on phrenology at the Hunterian School of Medicine.—The influenza has been extensively prevalent amongst the horses in England.—Dr. Prichard’s researches into the physical history of mankind, begins to excite considerable attention among theologians as well as philosophers.—Removal of the cyst in ovarian dropsy was spoken of a while since at a celebrated medical meeting, as being a very easy operation.—Two children died in Taunton, Mass. recently, from eating the root of the cicuta or hemlock, which they found by the road side.—Dr. Trowbridge has been elected Mayor of Buffalo, and Dr. Bartlett has been re-chosen Mayor of Lowell. Doctors are in the ascendant, there being at this moment more physicians elevated to the mayoralty of cities in England than any other class of men.

To CORRESPONDENTS.—Remarks on the means of elevating the medical profession, and other papers, are on hand.

DIED.—At sea, on his passage from Boston to Charleston, S. C. John H. Manning, M.D., of Ipswich, Mass., aged 24.—In New York, Peter Forester, M.D., 37.—In Brookfield, Vt. Dr. Joseph Kellogg, 31.—In this city, Dr. Moses F. Randall, aged 42.

Whole number of deaths in Boston for the week ending March 25, 30. Males, 15—females, 15.
 Consumption, 6—old age, 3—decline, 1—fits, 1—lung fever, 3—dropsy on the brain, 2—infantile, 3—intemperance, 1—dropsy, 2—quinsy, 1—brain fever, 1—paralytic, 1—hooping cough, 1—burn, 1—stillborn, 1.

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THE Subscribers have associated for the purpose of giving instruction to Medical Students. Opportunities will be afforded for the observation of diseases and their treatment in one of the Dispensary Districts and at the House of Industry; and clinical instruction will be given on the cases. Weekly Lectures and Recitations will be given on the various branches of Medical Science, and ample opportunities afforded for the cultivation of Practical Anatomy. Special attention will be paid to the exploration of diseases of the Heart and Lungs.

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Nov. 30.

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JOHN C. WARREN,
 GEORGE HAYWARD,
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 J. M. WARREN.

Boston, October, 1835.

June 15—eoptf

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
 R. W. HOOPER, M.D.
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Franklin Street, Nov. 9, 1836.

N16—tf

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Oct. 5—6m

TO MEDICAL STUDENTS.

H. A. DEWAR, M.D. intends forming a class for the study of Dentistry, in every branch. The number will be limited, and each student will have an opportunity of becoming practically acquainted with all the operations and manipulative requisite. Dr. D. has provided a large and commodious work-room for their exclusive use. Further particulars may be learned by calling on Dr. Dewar, No. 1 Montgomery Place.

Boston, Oct. 7, 1836.

tf—Oct. 19

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